

MDR Tracking Number: M5-04-1045-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 17, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The unlisted recovery room E & M service, supplies and materials, fluoroscopy, Depo-Medrol 80mg/cc, lidocaine, lidocaine with Marcaine, betadine iodine swabs, sterile gauze pads, alcohol/peroxide, disposable underpads, surgical supply, low osmolar contrast materials, sterile needles, and sterile syringe with needle were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 01-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 12<sup>th</sup> day of March 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

## NOTICE OF INDEPENDENT REVIEW DECISION

## Amended Letter

**Note:** Decision

February 25, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1045-01  
IRO Certificate #: IRO 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in Physical Medicine & Rehab which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained cervical and lumbar injuries on \_\_\_ when his truck hit the one he was following. He attended physical therapy and was placed on muscle relaxant and anti-inflammatory medications. He then underwent a lumbar epidural steroid injection series, with the third one being disputed. The patient reports pain relief from the first two injections.

### Requested Service(s)

Unlisted recovery room E & M service, supplies and materials, fluoroscopy, Depo-Medrol 80mg/cc, lidocaine, lidocaine with Marcaine, betadine or iodine swabs, sterile gauze pads, alcohol/peroxide, disposable underpads, surgical supply, low osmolar contrast materials, sterile needles, and sterile syringe with needle on 01/17/03

### Decision

It is determined that the unlisted recovery room E & M service, supplies and materials, fluoroscopy, Depo-Medrol 80mg/cc, lidocaine, lidocaine with Marcaine, betadine or iodine swabs, sterile gauze pads, alcohol/peroxide, disposable underpads, surgical supply, low osmolar contrast materials,

sterile needles, and sterile syringe with needle on 01/17/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient was treated with a series of three lumbar epidural steroid injections, at least one week apart, with successful improvement following each injection. Peer reviewed literature supports the efficacy of such a regimen, specifically, a series of three injections. The third injection under dispute is medically justified. Therefore, it is determined that the unlisted recovery room E & M service, supplies and materials, fluoroscopy, Depo-Medrol 80mg/cc, lidocaine, lidocaine with Marcaine, betadine or iodine swabs, sterile gauze pads, alcohol/peroxide, disposable underpads, surgical supply, low osmolar contrast materials, sterile needles, and sterile syringe with needle on 01/17/03 were medically necessary.

Sincerely,